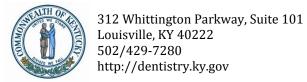
Approved by

Kentucky Board of Dentistry



FOR KBD USE ONLY

VERIFICATION OF LICENSURE OR REGISTRATION FORM

Please verify the licensure or registration of:			
Last Name/Suffix	First Name	Middle	
	Type: ☐ Dentist		
License/Registration Number		hygienist	
	☐ Registe	red dental assistant	
Please mail official verification to th	e following address:		
Name			
Address			
City	Sta	ite ZIP	
f there are any problems with this	request, please contact me at	the following:	
Name		Phone Number	
Address			
City	Sta	nte ZIP	

Return this form and the fee required by 201 KAR 8:520 to the Kentucky Board of Dentistry at the address above.